

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N00600 1. Entity Name LARGO AREA HOUSING DEVELOPMENT CORPORATION	
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Principal Place of Business 2139 NE COACHMAN RD CLEARWATER, FL 33765	Mailing Address 2139 NE COACHMAN RD CLEARWATER, FL 33765
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2355317	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TIEMAN, L D
1120 KINGSLEY ST
CLEARWATER, FL 33759**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000611387
02/02/07-80059-020 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIEMAN, DUKE L 650 MAIN STREET SAFETY HARBOR, FL 34895
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRICKLEY, PAM 2484 W. GRANDA CIR S SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCONNELL, DARLENE 710 CARILLON PARKWAY ST. PETE, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FURNELL, LISA 710 CARILLON PKWY ST. PETE, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *L. Duke Tieman* **L. Duke Tieman** **1-24-07** **(727) 442-7075**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #